

Case Number:	CM14-0110006		
Date Assigned:	08/01/2014	Date of Injury:	02/18/2013
Decision Date:	09/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The medical records reflect the claimant as a 25 year old female with a work related injury dated 2-18-13. On this date, the claimant fell and landed on her feet from a three foot ladder, which resulted in buckling of her right knee and hearing a popping sound. The claimant underwent a right knee arthroscopy with partial medial meniscectomy, patellar chondroplasty and ACL reconstruction on 12-27-13. The claimant has completed 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Custom ACL Brace Right Knee (Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Bracing.

Decision rationale: ACOEM reflects that Functional bracing is not recommended for ACL injuries post-operatively. The Official Disability Guidelines reflects that custom fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: abnormal limb contour, skin changes, severe osteoarthritis, maximal

off-loading of painful or repaired knee compartment, severe instability. Office visit from 5-14-14 notes the claimant felt something may have shifted in her knee. She performs a home exercise program. She has 0.5+ Lachman with good endplate, 0.5+ anterior drawer with good end point, negative pivot shift, full extension, and possible lack of 1-2 degrees of full hyperextension. The treating doctor recommended additional 12 sessions of physical therapy and a custom ACL brace. Based on the records provided, there is an absence in documentation noting that this claimant has any of the conditions for which a custom knee brace is recommended. Therefore, the medical necessity of this request is not established.